



Statewide Coordinating Council for Public Health District Coordinating Council¹ Update

District: Central

Date: 9/23/2010

Brief review of decisions and outcomes from DCC meetings held since last SCC meeting

At our July 22 District Coordinating Council (DCC) meeting, we continued to develop our District Public Health Improvement Plan (DPHIP), discussed how to use the OneMaine Community Health Needs Assessment, and discussed fall flu vaccination planning and the role of the DCC going forward. Forty people attended, with representation listed below. The DCC formed a Vaccination Workgroup, decided to discuss forming a medical reserve corps at a future DCC meeting, and chose a new SCC representative and alternate. The DCC developed preliminary DPHIP goals and strategies for the three priority areas set at the last (April) meeting. Two workgroups were formed to develop specific strategies, measurable objectives, and priorities for district action for DCC review at the next quarterly meeting. One DPHIP workgroup has met, and plans to meet again in early October.

Ongoing or upcoming projects or priority issues:

Continued work to develop the District Public Health Improvement Plan; Steering Committee and general membership recruitment and orientation; developing DCC workgroup organization and structure; implementation of the 2010 work plan; vaccination support; substance abuse prevention planning; preliminary connections with municipal and academic partners.

Status of Local Public Health System Assessment (LPHSA):

The LPHSA is complete, and three top priority essential public health services (#3,4,7) were identified at the April DCC meeting. These priorities are the focus of the developing DPHIP.

Organizations represented at meeting(s):

AOS 92, Concentra; Crisis & Counseling; Greater Somerset Public Health Collaborative; Greater Waterville PATCH; Healthy Communities of the Capital Area, Heath Reach Community Health Centers; Maine CDC Infectious Disease Epidemiology; Inland Hospital; Maine CDC Office of Local Public Health; Maine CDC Public Health Nursing; Maine General Prevention Center; Maine School Administrative District 48; NE Maine Regional Resource Center; New Horizons Health Care; Redington-Fairview Hospital; Healthy SV; Skowhegan Family Medicine; Somerset Emergency Management Agency; State of Maine Employee Health and Benefits; Togus VA Medical Center; United Way of Mid-Maine; Waterville/Winslow Fire Department. Public Health Nurses, Kennebec and Somerset Counties; MSAD 59 School Nurse; RSU 19 School Health Coordinator; Spectrum Generations; Vienna LHO; MECDC; PCMH Consumer group; Community Consultant; Sate Rep District 54; KVCAP; Mid Maine Homeless Shelter; Family Violence Project; Healthy Communities of the Capital Area;

In-district or multi-district collaborations:

Review of MAPP toolkit and Community Health Improvement Planning check-ins with three of the four district HMPs; coordination with newly-designated PHN School Vaccine Clinic Resource Nurse; meetings with Maine DHHS project officers to coordinate district work; lead rules workshop and upcoming workshops for landlords, contractors, and local health officers.

Issues or topics to be addressed by SCC:

District Public Health Improvement Planning guidance; communication process between the DCC and the SCC; District input into the State Health Plan.



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Other district issues (external to the DCC) that impact public health

We are working with the Public Health Unit to better connect them with community partners, and are developing fall Local Health Officer training workshops in the District.

¹Sec. 5. 22 MRSA c. 152

A district coordinating council for public health shall:

- Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
- Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
- Ensure that the goals and strategies of the state health plan are addressed in the district; and
- Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.